

8 RIVERS P.C.

MY NAME IS DENNIS CARTER #330136 and been incarcerated in the Oakland County Jail for 2 years. I'm currently in High risk of coronavirus 19. I have Asthma and Lung Disease and very Obesity. I still have the First mask that O.C.J. do not work and its hard for me to breathe in the mask they gave me, but I'm not giving the opportunity to get all the cleanliness supplies to stay clean. I Request to be added as a Member to the Class Action suit and to ask for you to help to gain a earlier Release on bond / Home confinement. Please inform me as soon as possible and if you need any information from me please asked.

\* I'm enclosing the HIPAA

\* Also, I have other Civil Complaint Sincerely

I WANT YOU TO LOOK AT?

June 1, 2020

Dennis Carter  
330136





**HIPAA Privacy Authorization**  
**For Disclosure of Protected Health Information**  
**Relevant To Litigation, Pending Claims or Intent to Sue**

Patient's Name: DENNIS CARTER  
Address: 1200N. TELEGRAPH RD, PONTIAC MI 48343 Date Of Birth: 1.17.72

1. I make this Authorization for the purpose of copying records in connection with a lawsuit or claim to which I am a party.

2. This authorization is directed to and applies to protected health information maintained by:

(Hospital, Physician, Medical provider, etc.)

1. OAKLAND COUNTY JAIL medical Records / Dr. Mitchell  
2. SINIA GRACE Hospital  
3. Lathrup Village Dr. Morad Southfield MI

3. I hereby authorize the above, its director, administrative and clinical staff or assignees, medical information services and billing departments to release any and all medical records and information from my date of birth to the present unless specified otherwise, relating to my care and treatment including x-rays, photographs, electronic and digital files and any other records, unless I expressly direct or specify otherwise. I understand that medical information may include records, if any, relating to treatment for alcohol and drug abuse protected under the regulations in 42 C.F.R. Part 2; psychiatric/psychological services and social work records and any information regarding communicable diseases and infections, defined by Michigan Department of Public Health rule, which can include tuberculosis, venereal diseases, sexually transmitted diseases, acquire immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or ARC.

4. This information is to be released for copying purposes to: Pitt McGehee Palmer Bonanni & Rivers PC, 117 W. 4th Street, Suite 200, Royal Oak, MI 48067, Fax number (248) 268-7996, Attn: Cary McGehee

5. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by the Federal Privacy Rules.

6. This authorization shall be in force and in effect until the conclusion of the pending litigation or claim unless otherwise specified.

7. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send it to the hospital, doctor or other custodian of medical information. I understand that the revocation will not apply to information that has already been released in response to this authorization.

8. I understand that authorizing the release of this health information is voluntary and that I need not sign this form in order to ensure health care treatment, eligibility for benefits, payment or health plan enrollment.

9. A copy of this authorization is as valid as the original.

**All Pertinent Sections Of This Form Must Be Completed Before Signing**

x Dennis Carter 6.1.2020  
Signature of Patient or Legal Representative Date

Print Name of Patient or Legal Representative

Description of Legal Representative's Authority or Relationship

MN314 Rev516  
PDDL

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METROPLEX MI 480

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Barn Swallow

To P, H McGehee Palmer Bonnanie & Rivers P.  
117 W. 4th Street, Suite 200  
Royal Oak, MI 48067.

48067-384950



This mail is generated within  
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JENNIS CARICK  
O.C.J  
P.O. Box 436017  
Pontiac MI  
48343



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